



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/553,452	<b>FILING DATE</b> 04/19/2000 <b>RULE</b> -	<b>CLASS</b> 114	<b>GROUP ART UNIT</b> 3671	<b>ATTORNEY DOCKET NO.</b> P3094	
<b>APPLICANTS</b> Earl D. Koch, Tremont, IL ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 06/27/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b>  Rockey Milnamow & Katz Ltd Two Prudential Plaza 47th Floor Chicago ,IL 60601					
<b>TITLE</b>  Temporary ramp					
<b>FILING FEE RECEIVED</b> 372	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____  <input type="checkbox"/> Credit         </div>					



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CONFIRMATION NO. 3887

<b>SERIAL NUMBER</b> 09/553,452	<b>FILING DATE</b> 04/19/2000 <b>RULE</b>	<b>CLASS</b> 404	<b>GROUP ART UNIT</b> 3671	<b>ATTORNEY DOCKET NO.</b> P3094
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## APPLICANTS

Earl D. Koch, Tremont, IL;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/27/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>					

## ADDRESS

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## TITLE

Temporary ramp

<b>FILING FEE RECEIVED</b> 399	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit